

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000071015

Entity Name: PRO-MEDICAL, INC.

FILED
Apr 08, 2008
Secretary of State

Current Principal Place of Business:

3245 SW 34TH STREET
OCALA, FL 34471 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 380
OCALA, FL 344780380 US

New Mailing Address:

FEI Number: 59-3208085

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KNOP, LINDA K
373 1ST STREET WEST
TIERRA VERDE, FL 33715 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DVT () Delete
Name: BOLEY, MICHAEL J
Address: 3503 DUFFER ROAD
City-St-Zip: SEBRING, FL 33872

Title: D () Delete
Name: KNOP, LINDAK
Address: 373 1ST STREET WEST
City-St-Zip: TIERRE VERDE, FL 33715 US

Title: D () Delete
Name: JACKSON, JOHN W
Address: 4950 SW 111TH PLACE ROAD
City-St-Zip: OCALA, FL 34476 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVT (X) Change () Addition
Name: BOLEY, MICHAEL J
Address: 1765 LAKE LOTELA DRIVE
City-St-Zip: AVON PARK, FL 33825

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA K KNOP

D

04/08/2008

Electronic Signature of Signing Officer or Director

Date